## Form R-1

## Virginia Department of Taxation Business Registration Application

For Office	Use Only
Operator	Date Processed

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Register a new business online using iReg at www.tax.state.va.us

- Please read instructions carefully before completing this form.
- For assistance call 804-367-8037.
- Completed form can either be mailed or faxed to: Registration Unit Virginia Department of Taxation

P. O. Box 1114

Richmond, VA 23218-1114 FAX Number (804) 367-2603

Re	ason For Submitting This Form										
Che	eck One										
	<ul><li>New Business - Never Registered</li><li>Complete Sections I through V.</li></ul>	☐ Add Additional Locations to Existing Registration Complete Sections I, II, and V, and update Sections									
	□ Add Tax Types to Existing Registration Complete Sections I, II, and V, and update Sections III and IV, if changed.	and IV, if changed.									
Se	Section I - Business Information										
1	Entity Type - Check One										
	□ C Corporation       □ Limited Liability Corporation (LLC         □ S Corporation       □ Limited Liability Partnership (LLF         □ General Partnership       □ Non-Profit Organization         □ Limited Partnership       □ Non-Profit Corporation	, -									
	□ Sole P <u>r</u> oprietor □ <u>E</u> state/Trust	<ul><li>☐ Other Government</li><li>☐ Cooperative</li><li>☐ Other Business</li></ul>									
2	2 Business Name - Enter full legal name of business. Sole proprietors, enter owner's name (first, middle initial, last).										
3	3 Taxpayer Identification Number - Enter your Federal Employer Identification Number (FEIN). If not required by the IRS to have a FEIN, enter your Social Security Number (SSN).										
	SSN										
	$\hfill \Box$ Check here if you have applied for a FEIN or SSN, bu	at have not yet received the number.									
4 F	Principal Business Activity - Enter the code and its descri	ption that describes your business (see instructions).									
	Code Description										
5	Primary Mailing Address										
	Street Address or PO Box	City, State and ZIP Code									
6 Corporation State and Date - If a corporation, enter the state and the date of its incorporation.											
	Incorporation State	Year of Incorporation (yyyy)									
7	7 Contact Information - Enter business contact information for all your business entities.										
	Contact Person	Contact Phone Number (Including area code)	Contact Phone Number (Including area code)								
	Email Address	FAX Number (Including area code)									

<b>Section II - Tax Types</b>													
A Sales and Use Tax - Use thi	s area to	register for Sale	es an	d Use Tax	es. Se	e Insti	ruction	ns.					
☐ Check this box if you do not need tax return forms mailed to you.													
<ul> <li>1 Filing Options - For businesses with multiple locations, indicate below how you want to submit your return(s).</li> <li>a ☐ File one combined return for all business locations in the same locality.</li> <li>b ☐ File one consolidated return for all business locations. (See Instructions.)</li> <li>c ☐ File a separate return for each business location.</li> </ul>													
2 Business Locations - Comp	lete for ea	ach location. Ph	notoco	opy this pa	ige if	ou ha	ve mo	re tha	an 2 lo	ocatio	ns.		
a) Add This Location to This Virginia Acc	count Numb	er											
b) Trade Name of Business									c) Bus	iness l	Locality	Code	
d) Business Physical St. Address - If diffe	erent from o	ne shown on page 1	1. (No I	PO Boxes.)	City,	State ar	nd ZIP (	Code					
e) Contact Name - If different from one si	hown on pag	ge 1.		Contact Pho	one Nur	nber		Conta	ct Ema	il			
f) Mailing Address - If different from abo	ve.				City,	State ar	nd ZIP (	Code					
g) Principal Business Activity Code	Description	n of Principal Busine	ss Act	ivity At This I	Locatio	n			h) Date	e Loca	ition Op	ened	
i) Indicate Tax Type(s) and Beginning  • You may be required to register for	•	•											
☐ Retail Sales Tax (In State I	Dealers)	Date		_	Moto	r Fuels	Tax	D	ate _				_
☐ Use Tax (Out of State Deal	ers)	Date		_	Wate	rcraft T	ax	D	ate _				_
☐ Consumer Use Tax		Date		_	Tire I	Recycli	ng Fe	e D	ate _				_
☐ Aircraft Tax		Date		No. Air	rcraft C	Owned	Previo	us Ye	ar:			-	
Virginia Commercial Fleet	Aircraft Lic	cense Number: _											
j) Seasonal Business - Check months (Complete if you are only open part of		ve.	JAN	FEB MAF	R APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
k)   Specialty Dealer - Check this	box if you	ı sell at flea marke	ets, cra	aft shows, e	etc. at v	/arious	location	ons in	Virgini	a.			
3 Additional Business Location - Complete for additional location.													
a) Add This Location to This Virginia Acc	count Numb	er											
b) Trade Name of Business									c) Bus	iness l	Locality	Code	
d) Business Physical Street Address (Ma	ay <b>not</b> be a	PO Box.)			City,	State ar	nd ZIP (	Code					
e) Contact Name				Contact Pho	one Nur	nber		Conta	ct Ema	il			
f) Mailing Address - If different from abo	ve.				City,	State ar	nd ZIP (	Code					
g) Principal Business Activity Code	Description	n of Principal Busine	ess Act	ivity At This	Locatio	n			h) Date	e Loca	ition Op	ened	
i) Indicate Tax Type(s) and Beginning     You may be required to register for	•	•											
☐ Retail Sales Tax (In State I	Dealers)	Date		_	] Moto	r Fuels	Tax	D	ate _				_
☐ Use Tax (Out of State Deal	ers)	Date		_	] Wate	rcraft T	ax	D	ate _				_
☐ Consumer Use Tax		Date		_	Tire I	Recycli	ng Fe	e D	ate _				_
☐ Aircraft Tax		Date		No. Aiı	rcraft C	Owned	Previo	us Ye	ar:			-	
Virginia Commercial Fleet	Aircraft Lic	cense Number: _											
j) <b>Seasonal Business</b> - Check months (Complete if you are only open part of		ve.	JAN	FEB MAF	R APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
k)   Specialty Dealer - Check this	s box if you	u sell at flea marke	ets, cra	aft shows, e	etc. at v	arious	location	ons in	Virgini	ia.			

B Vending Machine Sa	ales Tax													
For Existing Accounts, Enter Virginia Account Number					Date You Became Liable for Vending Machine Tax									
1 City or County and L	ocality Code	Enter each loca	lity yo	u will	opera	te ver	nding	mach	ines (	see ir	nstruc	tions)		
	Locality 1	Locality 2	L	ocality	3	L	ocality	4	L	ocality	5	L	ocality	6
City or County														
Locality Code														
C Withholding Tax														
For Existing Accounts, Enter V	/irginia Account Nur	nber		Date '	You Be	came L	iable f	or With	holding	Tax				
☐ Check this box if you	do not need tax	k return forms ma	iled to	you.										
1 Filing Frequency - E  ☐ Quarterly Filer - Less tha ☐ Monthly Filer - Between \$	n \$300 per quarter	□ Se	you emi-Wei	ekly Fil	er - \$3,	000 or	greate							
2 Seasonal Business (Complete if you are	only open part c	of the year.)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
3 Mailing Address - If		ne shown on pag	e 1.			lo., o		D 0 1						
Street Address or P	О вох					City, S	state, Z	P Coa	е					
4 Contact Information	- If different fro	m one shown on	page	1.										
Name			Conta	ntact Phone Number Email Address										
D Corporate Income To	ax													
For Existing Accounts, Enter V	/irginia Account Nur	nber		Date '	You Be	came L	iable f	or Corp	orate <sup>-</sup>	Tax				
☐ Check this box if you	do not need tax	k return forms ma	iled to	you.										
1 Tax Year - Must be sa  ☐ Calendar Year File  OR ☐ Fiscal Year Filer (	er (1/1 - 12/31)	·				Regin	nina			Endii	na		,	
2 Contact Information		ig and onding monar	or your	tarabit	you.	Bogiii	9			Lilaii	<u> </u>		/	
-					ne Num	ber			Email	Addres	SS			
3 Mailing Address - If	different from or	ne shown on pag	e 1.											
Street Address or P	О Вох					City, S	itate ar	id ZIP (	Code					
4 Subsidiary or Affiliat	•	e following if this	busin	ess is	a su	bsidia	ary or	affilia	ted w	ith an	other	busin	ess.	
Parent Company's E			Parent Company's FEIN											
Parent Company's S	Street Address or Po	Э Вох				City, S	tate ar	d ZIP (	Code					
E Miscellaneous Taxes	s													
Tax Type - See instruction	ons. Indicate tax	type and the da	te you	ı beca	me li	able.								
☐ Corn Assessment Date				☐ Peanut Excise Tax Date										
☐ Cotton Assessment Date					☐ Sheep Assessment Date									
☐ Egg Excise Tax		☐ Small Grains Assessment Date												
☐ Forest Products Tax	x Date			☐ Soft Drink Excise Tax Date										
☐ Litter Tax	Date			Soyb	ean As	sessm	ent		Date					
☐ Other									Date					

## Section III - Responsible Officer(s)

Section 58.1-1813 of the Code of Virginia provides that a corporate or partnership officer may be held personally liable for any of the taxes registered on this form if that person willfully fails to pay, collect or truthfully account for the tax, or willfully attempts in any way to evade, defeat or not pay the tax. Notify the Department of Taxation when there is a change of responsible officers. Notification must be in writing and include changes in names, addresses and telephone numbers.

- Complete this line for each responsible officer who is an owner, partner, member, corporation officer or trustee.
- Attach additional pages, if needed.
- In the case of a limited partnership, complete this line for each general partner.
- See instructions for additional information.

Notify the Department of Taxation when there is a change of responsible officers
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	Nouly the Departin	eni oi Taxalion wii	en mere is a c	mange or respo	nisible dilicers.				
	a) Name of Responsible Officer			b) SSN or FEIN					
1	c) Relationship Title	d) Date Became Officer	e) Home Phone N	lumber	f) Email address				
	g) Home Street Address Or PO Box			City, State, ZIP Code					
	a) Name of Responsible Officer			b) SSN or FEIN					
2	c) Relationship Title d) Date Became Officer e) Home I			lumber	f) Email address				
	g) Home Street Address Or PO Box			City, State, ZIP Code					
	a) Name of Responsible Officer			b) SSN or FEIN					
3	c) Relationship Title	d) Date Became Officer	e) Home Phone N	ne Number f) Email address					
	g) Home Street Address Or PO Box			City, State, ZIP Code					
	a) Name of Responsible Officer			b) SSN or FEIN					
4	c) Relationship Title	d) Date Became Officer	e) Home Phone N	lumber	f) Email address				
	g) Home Street Address Or PO Box			City, State, ZIP Code					
Sec	tion IV - Electronic Funds	s Transfer (EFT)							
	nesses with an average monthly Virginia eding \$20,000 are required by law to pa				ability				
• This	threshold applies to each tax separately.	•	(=,						
• Chec	ck the box for each tax that EFT is requir  Sales And Use Tax (In-State Dea		□ Use	☐ Use Tax (Out-Of-State Dealers)					
	☐ Corporation Income Tax	۵.0.0	_						
☐ Check here if you would like to receive an EFT guide, even though you are not required to pay by EFT.									
Sec	tion V - Signature								
This r	ortant - Read Before Signing registration form must be signed by a rized to sign on behalf of the organizers.				ncorporated association, who is				
Under penalty of law, I believe the information on the application to be true and correct.									
	Signature		Title						
	Name - Printed		Date		Daytime Phone Number				

MAIL To:

**Registration Unit Virginia Department of Taxation** P.O. Box 1114 Richmond, VA 23218-1114

**FAX To:** 

**Registration Unit** Virginia Department of Taxation 804 367-2603